

Fill in this information to identify the case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXASCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy**04/16**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **San Antonio Medical Supplies LLC**
2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) **4 5 - 5 1 4 2 3 7 5**
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business |
|--------------------------------------|------------------------------------------------------------------------------------|
| 1500 Fredericksburg Rd. Ste B | |
| Number Street | Number Street |
| | P.O. Box |
| | |
| SAN ANTONIO TX 78201 | |
| City State ZIP Code | City State ZIP Code |
| BEXAR | Location of principal assets, if different from principal place of business |
| County | |
| | Number Street |
| | |
| | City State ZIP Code |
5. Debtor's website (URL) _____
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

____ _

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☒ No

- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

Debtor **San Antonio Medical Supplies LLC**

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

☒ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **San Antonio Medical Supplies LLC**

Case number (if known) _____

14. **Estimated number of creditors**
- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
15. **Estimated assets**
- | | | |
|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
16. **Estimated liabilities**
- | | | |
|---------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. **Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **05/24/2017**

MM / DD / YYYY

X /s/ Andrea Cukjati

Signature of authorized representative of debtor

Andrea Cukjati

Printed name

Title **Managing Memeber**

18. **Signature of attorney**

X /s/ Heidi McLeod

Signature of attorney for debtor

Date **05/24/2017**

MM / DD / YYYY

Heidi McLeod

Printed name

Heidi McLeod Law Office

Firm name

3355 Cherry Ridge Rd Ste 214

Number Street

San Antonio

City

TX

State

78230

ZIP Code

(210) 853-0092

Contact phone

heidimcleodlaw@gmail.com

Email address

13764700

Bar number

State

Fill in this information to identify the caseDebtor name **San Antonio Medical Supplies LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number
(if known) _____☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. Cash on hand**

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

| | Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
|------|----------------------------------------------|------------------|------------------------------------|-------------|
| 3.1. | Checking account Bank of America | Checking account | 4 0 6 8 | \$616.19 |
| 3.2. | Checking account Bank of America | Checking account | 4 5 0 7 | \$10,000.00 |
| 3.3. | Checking account Bank of America | Checking account | 8 3 9 8 | \$226.00 |
| 3.4. | Checking account Bank of America | Checking account | 9 1 8 4 | \$42.00 |
| 3.5. | Wells Fargo Debtor in possession account | Wells Fargo | 7 9 8 5 | \$25.00 |

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$10,909.19

Debtor **San Antonio Medical Supplies LLC**
Name

Case number (if known) _____

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

| | |
|----------------------------------------|-------------------|
| 7.1. Land lord | \$1,250.00 |
| 7.2. CPS | \$250.00 |
| 7.3. land lord security deposit | \$1,200.00 |

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$2,700.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

| | | | | | | |
|---------------------------|--------------------|---|------------------------------------|---|---------|--------------------|
| 11a. 90 days old or less: | \$63,876.00 | — | \$19,163.00 | = | → | \$44,713.00 |
| | face amount | | doubtful or uncollectible accounts | | | |
| 11b. Over 90 days old: | \$0.00 | — | \$0.00 | = | → | \$0.00 |
| | face amount | | doubtful or uncollectible accounts | | | |

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$44,713.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

Debtor San Antonio Medical Supplies LLC Case number (if known) _____
Name

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe: _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

| General description | Date of the last physical inventory MM/DD/YYYY | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 19. Raw materials | | | | |
| 20. Work in progress | | | | |
| 21. Finished goods, including goods held for resale | | | | |
| 12 pairs of shoes, 10 wheelchairs, 2 hoier lifts, nebulizers, back and knee braces, 1 intrathecal pump and pole 1 hospital bed and 3 cases of shoe inserts 1 knee scooter | 04/15/2017 | \$6,200.00 | wholesale | \$0.00 |

22. Other inventory or supplies

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

Debtor **San Antonio Medical Supplies LLC**
Name

Case number (if known) _____

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 28. Crops--either planted or harvested | | | |
| 29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish | | | |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | | | |
| 31. Farm and fishing supplies, chemicals, and feed | | | |
| 32. Other farming and fishing-related property not already listed in Part 6 | | | |
| 33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85. | | | \$0.00 |
| 34. Is the debtor a member of an agricultural cooperative? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | |
| 36. Is a depreciation schedule available for any of the property listed in Part 6? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 37. Has any of the property listed in Part 6 been appraised by a professional within the last year? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 39. Office furniture | | | |
| 5 desks, 6 office chairs, 6 computers, copier, small refrideragtor, micro wave, partition, 8 file cabinets, 2 book shelves, phone system | | | \$0.00 |
| 40. Office fixtures | | | |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86. | | | \$0.00 |
| 44. Is a depreciation schedule available for any of the property listed in Part 7? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Debtor **San Antonio Medical Supplies LLC** Case number (if known) _____
Name

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description

Include year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
(Where available)

**Valuation method
used for current value**

**Current value of
debtor's interest**

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | |
|--------------------------------------------|--|--|---------------|
| 47.1. 2013 Ford Transit Connect Van | | | \$0.00 |
| 47.2. 2014 Ford Transit Van | | | \$0.00 |

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description
such as Assessor Parcel Number (APN),
and type of property (for example,
acreage, factory, warehouse, apartment or
office building), if available.

**Nature and extent
of debtor's interest
in property**

**Net book value of
debtor's interest**
(Where available)

**Valuation method
used for current
value**

**Current value of
debtor's interest**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

Debtor **San Antonio Medical Supplies LLC** Case number (if known) _____
Name

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|----------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | | | |
| 61. Internet domain names and websites | | | |
| SAMedsupply.com | | | |
| Samedsupply.com | \$0.00 | | \$0.00 |
| 62. Licenses, franchises, and royalties | | | |
| 63. Customer lists, mailing lists, or other compilations | | | |
| 64. Other intangibles, or intellectual property | | | |
| 65. Goodwill | | | |
| 66. Total of Part 10. | | | \$0.00 |

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Current value of
debtor's interest

Debtor San Antonio Medical Supplies LLC Case number (if known) _____
Name

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Embezzlement by part owner Jake Neramore took money from the business accounts, stole product, and inventory 4 hoyer lifts, 80 wheelchairs, total estimated amount owed \$172178. plus wrongful expense reimbursement of personal expenses unknown amount. Wrongful payments to Lava medical amount unknown estimated \$37800.00

Unknown

Nature of claim Embezzlement

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **San Antonio Medical Supplies LLC**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | <u>\$10,909.19</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$2,700.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$44,713.00</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$0.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$0.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$0.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....</i> → | | <div><u>\$0.00</u></div> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$0.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | <div><u>\$0.00</u></div> | |
| 91. Total. Add lines 80 through 90 for each column. | 91a. <div><u>\$58,322.19</u></div> | 91b. <div><u>\$0.00</u></div> |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92..... | | <div><u>\$58,322.19</u></div> |

Fill in this information to identify the case:

Debtor name San Antonio Medical Supplies LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name
BBVA Compass

Creditor's mailing address
PO Box 10566

Birmingham AL 35296

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe debtor's property that is subject to a lien

2013 Ford Transit Connect Van

Describe the lien

Purchase Money / Agreement

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$0.00

\$11,662.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$28,209.00

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| 2.2 | Creditor's name Bexar County Tax Assessor Collector Creditor's mailing address 233 N. Pecos La Trinidad San Antonio TX 78207 Creditor's email address, if known Date debt was incurred Last 4 digits of account number <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> | Describe debtor's property that is subject to a lien personal property Describe the lien Taxes personal property / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$3,220.00 | \$3,220.00 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ </div> <div style="width: 60%;"> </div> </div> | | | | |
| 2.3 | Creditor's name TD Auto Finance Creditor's mailing address PO Box 16035 Lewiston ME 04243-9517 Creditor's email address, if known Date debt was incurred Last 4 digits of account number <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> | Describe debtor's property that is subject to a lien 2014 Ford Transit VAn Describe the lien Purchase Money / Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$24,989.00 | \$14,112.00 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ </div> <div style="width: 60%;"> </div> </div> | | | | |

Fill in this information to identify the case:

Debtor San Antonio Medical Supplies LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing addressInternal Revenue ServiceBankruptcy DeptPO Box 7346Philadelphia PA 19114-7346Date or dates debt was incurredLast 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

940 and 941 Taxes 2016

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$4,000.00\$4,000.00

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address A.R.M. Solutions, Inc. PO Box 3666 Camarillo CA 93011-3666 Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>5</u> <u>3</u> <u>1</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$208.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address Ability Network Inc. Dept. CH 16577 Palatine IL 60055-6577 Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>2</u> <u>0</u> <u>5</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,761.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address ADT PO Box 9320 Baldwin NY 11510 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address Ally Financial PO Box 380901 Bloomington MN 55438 Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>5</u> <u>5</u> <u>4</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: deficiency balance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,040.00 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address AT&T Attn Bankruptcy Dept PO Box 769 Arlington TX 76004 Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>2</u> <u>2</u> <u>5</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$251.00 |
| | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address AT&T Uverse PO Box 474690 Charlotte NC 28247 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$107.00 |
| | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address Brown and Fortunato, P.C. PO Box 9418 Amarillo TX 79105 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,935.12 |
| | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address Brown and Joseph, Ltd. PO Box 59838 Schaumburg IL 60159-0838 Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>4</u> <u>0</u> <u>1</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,164.00 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address BSN Medical PO Box 751766 Charlotte NC 28275-1766 Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>9</u> <u>2</u> <u>5</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$647.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address C 6 Gargabe Disposal PO Box 160489 San Antonio TX 78280-2689 Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>2</u> <u>6</u> <u>4</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$487.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address Can Capital 2015 Vaughn Rd. Bldg. 500 Kennesaw GA 30144 Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>2</u> <u>2</u> <u>3</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$133,419.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address Clover Telecheck Service, Inc PO Box 60028 City of Industry CA 91716 Date or dates debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13 Nonpriority creditor's name and mailing address

Compass Health

C/O Euler Hermes Collections NA

800 Red Brook Blvd. Ste. 400C

Owings Mills, MD 2117

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

inventory purchase

Is the claim subject to offset?

- ☒ No
☐ Yes

\$12,083.00

3.14 Nonpriority creditor's name and mailing address

DJ Global

1430 Decision Street

Vista

CA 92081

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unsecured Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,551.00

3.15 Nonpriority creditor's name and mailing address

Dr. Comfort

1430 Decision St.

Vista

CA 92081-8553

Date or dates debt was incurred

Last 4 digits of account number

5 9 6 3

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

inventory

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,551.00

3.16 Nonpriority creditor's name and mailing address

Fed Ex

PO Box 100456

Palatine

IL 60055-0306

Date or dates debt was incurred

Last 4 digits of account number

2 7 2 2

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unsecured Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$104.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 Nonpriority creditor's name and mailing address

First Choice Medical

127 Interstae Dr.

Richland MS 39218

Date or dates debt was incurred

Last 4 digits of account number 2 0 4 7

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

inventory purchase

Is the claim subject to offset?

- ☒ No
☐ Yes

\$156,064.00

3.18 Nonpriority creditor's name and mailing address

Hayland Sales

PO Box 732583

Dallas TX 75373

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unsecured Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$744.00

3.19 Nonpriority creditor's name and mailing address

HD Smith

502 E. Highway 281

Los Indios TX 78567

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

inventory purchase

Is the claim subject to offset?

- ☒ No
☐ Yes

\$10,702.00

3.20 Nonpriority creditor's name and mailing address

Hear Here

PO Box 311024

New Braunfels TX 78131

Date or dates debt was incurred

Last 4 digits of account number 2 2 5 2

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

97

Is the claim subject to offset?

- ☒ No
☐ Yes

\$97.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21 Nonpriority creditor's name and mailing address

Hi Technologies

110 S. Main

Wichita

KS

67202-3746

Date or dates debt was incurred

Last 4 digits of account number

S A M S

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

business debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,911.00

3.22 Nonpriority creditor's name and mailing address

HME Billing Specialists

6414 Conservation Drive

Jeffersonville

IN

47130

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unsecured Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$5,128.00

3.23 Nonpriority creditor's name and mailing address

Leil Solutions, LLC

20 E. Clemention Rd Ste. 203 N.

Gibbsboro

NJ

08026

Date or dates debt was incurred

Last 4 digits of account number

9 1 8 9

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

insurance premiums

Is the claim subject to offset?

- ☒ No
☐ Yes

\$736.00

3.24 Nonpriority creditor's name and mailing address

Liberty Office Products

PO Box 630729

Houston

TX

77263-0729

Date or dates debt was incurred

Last 4 digits of account number

2 8 2 7

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

business debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$351.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25 Nonpriority creditor's name and mailing address

Med Group

3223 Southloop 286, Ste. 600

Lubbock TX 79423

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unsecured Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$3,493.00

3.26 Nonpriority creditor's name and mailing address

Momentum

Department #SF 21

PO Box 830525

Birmingham AL 35283-0525

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

phone system

Is the claim subject to offset?

- ☒ No
☐ Yes

\$632.00

3.27 Nonpriority creditor's name and mailing address

On Deck Capital

Zwicker & Associates, P.C.

80 Minuteman Rd.

Andover MD 01810-1008

Date or dates debt was incurred

Last 4 digits of account number 4 6 3 1

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

business debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$16,899.00

3.28 Nonpriority creditor's name and mailing address

On Deck Loans

901 N. Stuart St. Ste 700

Arlington VA 22203

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Money loaned

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.29 Nonpriority creditor's name and mailing address

Orthofeet

152 A. Veterans Drive

Northvale NJ 07647

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unsecured Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

\$7,329.00

3.30 Nonpriority creditor's name and mailing address

Raymond Leasing Corp.

PO Box 301590

Dallas TX 75303-1590

Date or dates debt was incurred

Last 4 digits of account number 5 2 0 6

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

leased equipment

Is the claim subject to offset?

- ☒ No
☐ Yes

\$4,452.00

3.31 Nonpriority creditor's name and mailing address

Ricoh USA, Inc.

3920 Arkwright Rd. Te. 400

Macon GA 31210

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

\$2,505.00

3.32 Nonpriority creditor's name and mailing address

Shred-it USA

28883 Network Place

Chicago IL 60673-1288

Date or dates debt was incurred

Last 4 digits of account number 4 4 8 3

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

\$337.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address Spectrum Business PO Box 460849 San antonio TX 78246-0849 Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>0</u> <u>4</u> <u>3</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$216.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address Summit Crest 3700 Fredericksburg Rd. San antonio TX 78229 Date or dates debt was incurred _____ Last 4 digits of account number ____ ____ ____ ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: breach of a lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address The Message Center 2819 Woodcliffe Dr. Ste. 100 SAn Antonio TX 78230 Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>0</u> <u>8</u> <u>1</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,762.00 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address US Pay 147 Willis Avenue Mineola NY 11501 Date or dates debt was incurred _____ Last 4 digits of account number ____ ____ ____ ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unsecured Creditor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$295.00 |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$0.00

Yellow Stone

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Unsecured Creditor

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number☒ No☐ Yes

3.38 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$40,166.00

Yellowstone Lending

☐ Contingent

☐ Unliquidated

☐ Disputed

1 Evertrust Plaza 14th Floor

Basis for the claim:

Unsecured Creditor

Jersey City

NJ

07302

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number☒ No☐ Yes

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$4,000.00

5b. Total claims from Part 2 5b. + \$428,127.12

5c. Total of Parts 1 and 2 5c. \$432,127.12
Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name San Antonio Medical Supplies LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number _____ Chapter 11
(if known)

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|------------|----------------------------------------------------------------------------------------|-------------------------------|------------|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | leased office space | bbb |
| | | Contract to be ASSUMED | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |

Fill in this information to identify the case:Debtor name **San Antonio Medical Supplies LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number _____
(if known)☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

| Name | Mailing address | Name | |
|-----------------------------------|----------------------------------------------------|------------------------|-----------------------------------------|
| 2.1 Andrea Cukjati | 518 Bluff Estates Number Street | Summit Crest | <input type="checkbox"/> D |
| | | | <input checked="" type="checkbox"/> E/F |
| | | | <input type="checkbox"/> G |
| | San Antonio TX 78216 City State ZIP Code | | |
| 2.2 Andrea Cukjati | 518 Bluff Estates Number Street | HD Smith | <input type="checkbox"/> D |
| | | | <input checked="" type="checkbox"/> E/F |
| | | | <input type="checkbox"/> G |
| | SAn antonio TX 78216 City State ZIP Code | | |
| 2.3 James Kenneth Naramore | 1626 Sun Mountain Number Street | TD Auto Finance | <input checked="" type="checkbox"/> D |
| | | | <input type="checkbox"/> E/F |
| | | | <input type="checkbox"/> G |
| | San Antonio TX 78258 City State ZIP Code | | |
| 2.4 James Kenneth Naramore | 1626 Sun Mountain Number Street | BBVA Compass | <input checked="" type="checkbox"/> D |
| | | | <input type="checkbox"/> E/F |
| | | | <input type="checkbox"/> G |
| | San Antonio TX 78258 City State ZIP Code | | |

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules
that apply:*

| Name | Mailing address | Name | |
|----------------------------|---------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| 2.5 James Kenneth Naramore | 1626 Sun Mountain Number Street San Antonio TX 78258 City State ZIP Code | Summit Crest | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.6 James Kenneth Naramore | 1626 Sun Mountain Number Street San Antonio TX 78258 City State ZIP Code | Can Capital | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.7 James Kenneth Naramore | 1626 Sun Mountain Number Street San Antonio TX 78258 City State ZIP Code | First Choice Medical | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.8 James Kenneth Naramore | 1626 Sun Mountain Number Street San Antonio TX 78258 City State ZIP Code | On Deck Capital | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.9 James Kenneth Naramore | 1626 Sun Mountain Number Street San Antonio TX 78258 City State ZIP Code | Ally Financial | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.10 James Naramor | 1625 Sun Mountain Number Street San Antonio TX 78258 City State ZIP Code | On Deck Loans | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case:Debtor Name San Antonio Medical Supplies LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$58,322.19****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$58,322.19****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$28,209.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$4,000.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$428,127.12****4. Total liabilities**Lines 2 + 3a + 3b..... **\$460,336.12**

Fill in this information to identify the case and this filing:

Debtor Name San Antonio Medical Supplies LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number _____
(if known)

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/24/2017
MM / DD / YYYY

X /s/ Andrea Cukjati _____
Signature of individual signing on behalf of debtor

Andrea Cukjati _____
Printed name

Managing Memeber _____
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name San Antonio Medical Supplies LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2017 to Filing date
MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$153,316.00

For prior year:

From 01/01/2016 to 12/31/2016
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$1,343,470.00

For the year before that:

From 01/01/2015 to 12/31/2015
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$2,077,766.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

| | Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|-----------------------------------|
| 4.1. | New Logic Loan Insider's name Street City State ZIP Code | | | |
| 4.2. | James Naramore Insider's name 1625 Sun Mountain Street San Antonio TX 78258 City State ZIP Code | last one year | \$37,800.00 | product purchase and embezzlement |
| 4.3. | First Choice Medical Insider's name 127 Interstae Dr. Street Richland MS 39218 City State ZIP Code | 5/1/2016 to 5/18/2017 150 payments | \$37,500.00 | purchase inventory |
| 4.4. | HD Smith Insider's name 502 E. Highway 281 Street Los Indios TX 78567 City State ZIP Code | 5/1/2016 to 5/18/2017 11 payments | \$10,000.00 | |

Debtor **San Antonio Medical Supplies LLC** Case number (if known) _____
Name

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------|---------------------------------|
| 4.5. On Deck Capital Insider's name Zwicker & Associates, P.C. Street 80 Minuteman Rd. | 6/20/2016- 9/22/2016 14 payments | \$9,194.00 | |
| Andover City | MD State | 01810-1008 ZIP Code | |

Relationship to debtor member- James

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------|---------------------------------|
| 4.6. Yellowstone Capital Insider's name 1 Evertrust Plaza Street 14th Floor Jersey City NJ 07302 City State ZIP Code | | | |

**Relationship to debtor
cosigned by James**

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|----------------------------------------------------------------------------------|--------------------------------------|-----------------------|---------------------------------|
| 4.7. New Logic Insider's name Street City State ZIP Code | 6/20/2016 9/22/2017 | \$42,918.00 | |

**Relationship to debtor
member James Ne**

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Description of the property | Date | Value of property |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|-------------------|
| 5.1. Ally Financial Creditor's name PO Box 380901 Street Bloomington City | 2014 ford Transit Van | 3/10/2017 | |
| MN 55438 State ZIP Code | | | |

| Creditor's name and address | Description of the property | Date | Value of property |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|-------------------|
| 5.2. Ally Financial Creditor's name PO Box 380901 Street Bloomington MN 55438 City State ZIP Code | | | |

Debtor **San Antonio Medical Supplies LLC**
Name

Case number (if known) _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☒ None

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

| | Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------|-----------------------------------------|-------------------------------------------|--------------------------|-------------------|
| 9.1. | Project Mend Recipient's name | used medical equipment | over the last 2 years | \$2,500.00 |
| | Street | | | |
| | City | State | ZIP Code | |
| | Recipient's relationship to debtor | | | |
| | none | | | |

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

| | Who was paid or who received the transfer? | If not money, describe the property transferred | Dates | Total amount or value |
|-------|---------------------------------------------|-------------------------------------------------|-------------------|-----------------------|
| 11.1. | Heidi McLeod Law Office PLLC | | 05/15/2017 | \$2,000.00 |
| | Address | | | |
| | 3201 Cherry Ridge Rd Ste.C 300 | | | |
| | Street | | | |
| | San Antonio TX 78230 | | | |
| | City State ZIP Code | | | |
| | Email or website address | | | |
| | | | | |
| | Who made the payment, if not debtor? | | | |
| | | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

☒ None

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

| | Address | Dates of occupancy |
|-------|-----------------------------|-------------------------------------------|
| 14.1. | 1500 Fredericksberg | From Sept 2012 To July 2013 |
| | Street | |
| | San Antonio TX 78201 | |
| | City State ZIP Code | |

Debtor **San Antonio Medical Supplies LLC** Case number (if known) _____
Name
Address **Dates of occupancy**
14.2. **3714 NW Loop 410** From **July 2013** To **August 2016**
Street
San Antonio **TX** **78229**
City State ZIP Code

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?
- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained
medicare number, driver's licence and social security number and health insurance number.
Does the debtor have a privacy policy about that information?
 - ☐ No.
 - ☒ Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
 - ☐ No. Go to Part 10.
 - ☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Debtor San Antonio Medical Supplies LLC Case number (if known) _____
Name

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|-------------------------------------|-----------------------------------|-----------------------------|----------------------------------------|
| Your Storage Place Name | | old files | <input checked="" type="checkbox"/> No |
| Fredericksburg Rd. Street | Address | | <input type="checkbox"/> Yes |
| San Antonio City | TX State | 78229 ZIP Code | |

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Debtor San Antonio Medical Supplies LLC Case number (if known) _____
Name

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Dates of service

26a.1. **Frank Dirosa**

From _____ To _____

Name

15600 San Pedro Ste 301

Street

San Antonio

TX

78232

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Debtor **San Antonio Medical Supplies LLC** Case number (if known) _____
Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No.
☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|--------------------------------|----------------------------------------------------|-------------------------------------|-----------------------|
| Andrea Zuflacht-Cukjati | 518 Bluff Estates San Antonio, TX 78216 | Managing member | 70% |
| Jacob Naramore | 1625 Sun Mountain San Antonio, TX 78258 | member | 30% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|-----------------------|---------------------------------------------------|-------------------------------------|---------------------------------------------------|
| James Naremore | 1625 Sun Mountain San Antonio, TX 7258 | member | From _____ To _____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

| | Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|--------------------------------|
| 30.1. | Andrea Zuflacht-Cukjati Name 518 Bluff Estates Street San Antonio TX 78216 City State ZIP Code | debt reduction \$10,000.00 | 5/1/2016 to 5/18/2017 | debt reduction |
| | Relationship to debtor managing memeber | | | |
| 30.2. | Andrea Zuflacht-Cukjati Name 518 Bluff Estates Street San Antonio TX 78216 City State ZIP Code | \$13,050.00 | | |
| | Relationship to debtor | | | |

Debtor San Antonio Medical Supplies LLC Case number (if known) _____
Name

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|------------------------------------------------------|-------|--------------------------------|
|-------------------------------|------------------------------------------------------|-------|--------------------------------|

| | | | |
|-----------------------------|------------------------|-----------------|--|
| 30.3. <u>James Naramore</u> | <u>funds embezzled</u> | <u>5/1/2016</u> | |
| Name | <u>\$192,178.00</u> | | |

1626 Sun Mountain
Street

San Antonio TX 78258
City State ZIP Code

Relationship to debtor
memeber

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/24/2017
MM / DD / YYYY

X /s/ Andrea Cukjati
Signature of individual signing on behalf of the debtor

Printed name Andrea Cukjati

Position or relationship to debtor Managing Memeber

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

In re **San Antonio Medical Supplies LLC**

Case No. _____

Chapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|------------------------------------------------------------|--------------------------|
| For legal services, I have agreed to accept..... | <u>\$2,000.00</u> |
| Prior to the filing of this statement I have received..... | <u>\$2,000.00</u> |
| Balance Due..... | <u>\$0.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/24/2017

Date

/s/ Heidi McLeod

Heidi McLeod

Heidi McLeod Law Office

3355 Cherry Ridge Rd Ste 214

San Antonio, Texas 78230

Phone: (210) 853-0092 / Fax: (210) 853-0129

Bar No. 13764700

/s/ Andrea Cukjati

Andrea Cukjati

Managing Member

Fill in this information to identify the case:Debtor name **San Antonio Medical Supplies LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**Case number _____
(if known)☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 1 First Choice Medical 127 Interstate Dr. Richland, MS 39218 | | inventory purchase | Disputed | | | \$156,064.00 |
| 2 Can Capital 2015 Vaughn Rd. Bldg. 500 Kennesaw, GA 30144 | | business loan | | | | \$133,419.00 |
| 3 Yellowstone Lending 1 Evertrust Plaza 14th Floor Jersey City, NJ 07302 | | Unsecured Creditor | | | | \$40,166.00 |
| 4 On Deck Capital Zwicker & Associates, P.C. 80 Minuteman Rd. Andover, MD 01810-1008 | | business debt | | | | \$16,899.00 |
| 5 Compass Health C/O Euler Hermes Collections NA 800 Red Brook Blvd. Ste. 400C Owings Mills, MD 2117 | | inventory purchase | | | | \$12,083.00 |

Debtor

San Antonio Medical Supplies LLC

Case number (if known)

Name

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|----------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 6 Ally Financial PO Box 380901 Bloomington, MN 55438 | | deficiency balance | | | | \$12,040.00 |
| 7 TD Auto Finance PO Box 16035 Lewiston, ME 04243-9517 | | Purchase Money | | \$24,989.00 | \$14,112.00 | \$10,877.00 |
| 8 HD Smith 502 E. Highway 281 Los Indios, TX 78567 | | inventory purchase | | | | \$10,702.00 |
| 9 Orthofeet 152 A. Veterans Drive Northvale, NJ 07647 | | Unsecured Creditor | | | | \$7,329.00 |
| 10 HME Billing Specialists 6414 Conservation Drive Jeffersonville, IN 47130 | | Unsecured Creditor | | | | \$5,128.00 |
| 11 Raymond Leasing Corp. PO Box 301590 Dallas, TX 75303-1590 | | leased equipment | | | | \$4,452.00 |
| 12 Internal Revenue Service Bankruptcy Dept PO Box 7346 Philadelphia, PA 19114-7346 | | 940 and 941 Taxes 2016 | | | | \$4,000.00 |
| 13 Med Group 3223 Southloop 286, Ste. 600 Lubbock, TX 79423 | | Unsecured Creditor | | | | \$3,493.00 |

Debtor **San Antonio Medical Supplies LLC**
Name _____

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|----|-----------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
| | | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 14 | Brown and Joseph, Ltd. PO Box 59838 Schaumburg, IL 60159-0838 | | insurance premiums | | | | \$3,164.00 |
| 15 | Brown and Fortunato, P.C. PO Box 9418 Amarillo, TX 79105 | | legal fees | | | | \$2,935.12 |
| 16 | Hi Technologies 110 S. Main Wichita, KS 67202-3746 | | business debt | | | | \$2,911.00 |
| 17 | The Message Center 2819 Woodcliffe Dr. Ste. 100 SAn Antonio, TX 78230 | | Services | | | | \$2,762.00 |
| 18 | Dr. Comfort 1430 Decision St. Vista, CA 92081-8553 | | inventory | | | | \$2,551.00 |
| 19 | DJ Global 1430 Decision Street Vista, CA 92081 | | Unsecured Creditor | | | | \$2,551.00 |
| 20 | Ricoh USA, Inc. 3920 Arkwright Rd. Te. 400 Macon, GA 31210 | | Services | | | | \$2,505.00 |

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

IN RE: **San Antonio Medical Supplies LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/24/2017

Signature /s/ Andrea Cukjati
Andrea Cukjati
Managing Memeber

Date _____

Signature _____

A.R.M. Solutions, Inc.
PO Box 3666
Camarillo, CA 93011-3666

Ability Network Inc.
Dept. CH 16577
Palatine, IL 60055-6577

ADT
PO Box 9320
Baldwin, NY 11510

Ally Financial
PO Box 380901
Bloomington, MN 55438

Andrea Cukjati
518 Bluff Estates
San Antonio, TX 78216

AT&T
Attn Bankruptcy Dept
PO Box 769
Arlington, TX 76004

AT&T Uverse
PO Box 474690
Charlotte, NC 28247

bbb

BBVA Compass
PO Box 10566
Birmingham, Alabama 35296

Bexar County Tax Assessor Collector
233 N. Pecos La Trinidad
San Antonio, TX 78207

Brown and Fortunato, P.C.
PO Box 9418
Amarillo, TX 79105

Brown and Joseph, Ltd.
PO Box 59838
Schaumburg, IL 60159-0838

BSN Medical
PO Box 751766
Charlotte, NC 28275-1766

C 6 Gargabe Disposal
PO Box 160489
San Antonio, TX 78280-2689

Can Capital
2015 Vaughn Rd. Bldg. 500
Kennesaw, GA 30144

Clover Telecheck Service, Inc
PO Box 60028
City of Industry, CA 91716

Compass Health
C/O Euler Hermes Collections NA
800 Red Brook Blvd. Ste. 400C
Owings Mills, MD 2117

DJ Global
1430 Decision Street
Vista, CA 92081

Dr. Comfort
1430 Decision St.
Vista, CA 92081-8553

Fed Ex
PO Box 100456
Palatine, IL 60055-0306

First Choice Medical
127 Interstae Dr.
Richland, MS 39218

Hayland Sales
PO Box 732583
Dallas, TX 75373

HD Smith
502 E. Highway 281
Los Indios, TX 78567

Hear Here
PO Box 311024
New Braunfels, TX 78131

Hi Technologies
110 S. Main
Wichita, KS 67202-3746

HME Billing Specialists
6414 Conservation Drive
Jeffersonville, IN 47130

Internal Revenue Service
Bankruptcy Dept
PO Box 7346
Philadelphia, PA 19114-7346

James Kenneth Naramore
1626 Sun Mountain
San Antonio, TX 78258

James Naramor
1625 Sun Mountain
San Antonio, TX 78258

Leil Solutions, LLC
20 E. Clemention Rd Ste. 203 N.
Gibbsboro, NJ 08026

Liberty Office Products
PO Box 630729
Houston, TX 77263-0729

Med Group
3223 Southloop 286, Ste. 600
Lubbock, TX 79423

Momentum
Department #SF 21
PO Box 830525
Birmingham, AL 35283-0525

On Deck Capital
Zwicker & Associates, P.C.
80 Minuteman Rd.
Andover, MD 01810-1008

On Deck Loans
901 N. Stuart St. Ste 700
Arlington, VA 22203

Orthofeet
152 A. Veterans Drive
Northvale, NJ 07647

Raymond Leasing Corp.
PO Box 301590
Dallas, TX 75303-1590

Ricoh USA, Inc.
3920 Arkwright Rd. Te. 400
Macon, GA 31210

Shred-it USA
28883 Network Place
Chicago, IL 60673-1288

Spectrum Business
PO Box 460849
San antonio, TX 78246-0849

Summit Crest
3700 Fredericksburg Rd.
San antonio, TX 78229

TD Auto Finance
PO Box 16035
Lewiston, ME 04243-9517

The Message Center
2819 Woodcliffe Dr. Ste. 100
SAn Antonio, TX 78230

US Pay
147 Willis Avenue
Mineola, NY 11501

Yellow Stone

Yellowstone Lending
1 Evertrust Plaza 14th Floor
Jersey City, NJ 07302

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE:
San Antonio Medical Supplies LLC

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

| Registered Name of Holder of Security Last Known Address or Place of Business | Class of Security | Number Registered | Kind of Interest Registered |
|------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------|
|------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------|

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Managing Memeber of the Corporation
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 5/24/2017

Signature: /s/ Andrea Cukjati
Andrea Cukjati
Managing Memeber